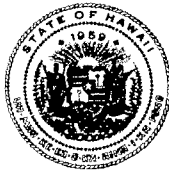


LINDA LINGLE
GOVERNOR



STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

P.O. BOX 2121
HONOLULU, HAWAII 96805-2121
Oahu (808) 586-7390
Toll Free 1(800) 295-0089
www.eutf.hawaii.gov

BOARD OF TRUSTEES
MARIE C. LADERTA, CHAIRPERSON
BARBARA A. ANNIS, VICE-CHAIRPERSON
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JOHN H. RADCLIFFE
STANLEY T. SHIRAKI

ADMINISTRATOR
JAMES WILLIAMS

June 5, 2009

ADDENDUM 3
TO
REQUEST FOR PROPOSALS
NO. 09-001

TO FURNISH ELIGIBILITY AUDIT SERVICES

Attached are the rates, including employer contributions, effective July 1, 2009.

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
ACTIVE EMPLOYEES
ALL BU'S EXCEPT BU'S 7, 11, AND 12
EMPLOYER/EMPLOYEE CONTRIBUTIONS
JULY 1, 2009 through August 31, 2009

Benefit Plan	Type of Enrollment	Employer Contribution	Employee Contribution	Total Contribution Required
MEDICAL PLANS				
EUTF PPO (HMA) RSN Chiropractic	Self	\$136.80	\$139.66	\$276.46
	Two-Party	\$331.60	\$339.36	\$670.96
	Family	\$423.36	\$432.30	\$855.66
EUTF PPO (HMSA) RSN Chiropractic	Self	\$136.80	\$146.56	\$283.36
	Two-Party	\$331.60	\$356.10	\$687.70
	Family	\$423.36	\$453.68	\$877.04
EUTF Prescription Drug (NMHC)	Self	\$32.42	\$31.44	\$63.86
	Two-Party	\$78.60	\$76.46	\$155.06
	Family	\$100.36	\$97.60	\$197.96
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	\$169.22	\$215.10	\$384.32
	Two-Party	\$410.20	\$522.64	\$932.84
	Family	\$523.72	\$666.18	\$1,189.90
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	\$169.22	\$138.44	\$307.66
	Two-Party	\$410.20	\$335.88	\$746.08
	Family	\$523.72	\$428.52	\$952.24
Kaiser Basic Prescription Drug RSN Chiropractic	Self	\$169.22	\$103.28	\$272.50
	Two-Party	\$410.20	\$250.44	\$660.64
	Family	\$523.72	\$319.52	\$843.24
EUTF Supplemental (HMSA) NMHC Prescription Drug RSN Chiropractic	Self	\$101.30	\$101.70	\$203.00
	Two-Party	\$245.38	\$247.42	\$492.80
	Family	\$313.48	\$315.08	\$628.56
Royal State Supplemental Prescription Drug RSN Chiropractic	Self	\$35.06	\$21.56	\$56.62
	Two-Party	\$86.14	\$53.60	\$139.74
	Family	\$97.82	\$59.58	\$157.40
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$169.22	\$91.10	\$260.32
	Two-Party	\$410.20	\$222.36	\$632.56
	Family	\$523.72	\$283.70	\$807.42
DENTAL PLAN				
HDS Dental	Self	\$17.06	\$13.72	\$30.78
	Two-Party	\$34.18	\$27.40	\$61.58
	Family	\$70.66	\$30.68	\$101.34
VISION PLAN				
VSP Vision	Self	\$3.64	\$2.40	\$6.04
	Two-Party	\$6.76	\$4.42	\$11.18
	Family	\$8.84	\$5.78	\$14.62
LIFE INSURANCE				
Standard Life Insurance	Employee	\$4.16	\$0.00	\$4.16

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
ACTIVE EMPLOYEES
BU7
EMPLOYER/EMPLOYEE CONTRIBUTIONS
JULY 1, 2009 through August 31, 2009

Benefit Plan	Type of Enrollment	Employer Contribution	Employee Contribution	Total Contribution Required
MEDICAL PLANS				
EUTF PPO (HMA) RSN Chiropractic	Self	\$136.80	\$139.66	\$276.46
	Two-Party	\$331.60	\$339.36	\$670.96
	Family	\$423.36	\$432.30	\$855.66
EUTF PPO (HMSA) RSN Chiropractic	Self	\$136.80	\$146.56	\$283.36
	Two-Party	\$331.60	\$356.10	\$687.70
	Family	\$423.36	\$453.68	\$877.04
EUTF Prescription Drug (NMHC)	Self	\$32.42	\$31.44	\$63.86
	Two-Party	\$78.60	\$76.46	\$155.06
	Family	\$100.36	\$97.60	\$197.96
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	\$169.22	\$215.10	\$384.32
	Two-Party	\$410.20	\$522.64	\$932.84
	Family	\$523.72	\$666.18	\$1,189.90
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	\$176.58	\$131.08	\$307.66
	Two-Party	\$410.20	\$335.88	\$746.08
	Family	\$529.58	\$422.66	\$952.24
Kaiser Basic Prescription Drug RSN Chiropractic	Self	\$169.22	\$103.28	\$272.50
	Two-Party	\$410.20	\$250.44	\$660.64
	Family	\$523.72	\$319.52	\$843.24
EUTF Supplemental (HMSA) NMHC Prescription Drug RSN Chiropractic	Self	\$109.02	\$93.98	\$203.00
	Two-Party	\$245.38	\$247.42	\$492.80
	Family	\$327.38	\$301.18	\$628.56
Royal State Supplemental Prescription Drug RSN Chiropractic	Self	\$35.06	\$21.56	\$56.62
	Two-Party	\$86.14	\$53.60	\$139.74
	Family	\$97.82	\$59.58	\$157.40
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$169.22	\$91.10	\$260.32
	Two-Party	\$410.20	\$222.36	\$632.56
	Family	\$523.72	\$283.70	\$807.42
DENTAL PLAN				
HDS Dental	Self	\$17.06	\$13.72	\$30.78
	Two-Party	\$34.18	\$27.40	\$61.58
	Family	\$70.66	\$30.68	\$101.34
VISION PLAN				
VSP Vision	Self	\$3.64	\$2.40	\$6.04
	Two-Party	\$6.76	\$4.42	\$11.18
	Family	\$8.84	\$5.78	\$14.62
LIFE INSURANCE				
Standard Life Insurance	Employee	\$4.16	\$0.00	\$4.16

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
ACTIVE EMPLOYEES
BU11
EMPLOYER/EMPLOYEE CONTRIBUTIONS
JULY 1, 2009 through August 31, 2009

Benefit Plan	Type of Enrollment	Employer Contribution	Employee Contribution	Total Contribution Required
MEDICAL PLANS				
EUTF PPO (HMA) RSN Chiropractic	Self	\$170.86	\$105.60	\$276.46
	Two-Party	\$414.42	\$256.54	\$670.96
	Family	\$528.84	\$326.82	\$855.66
EUTF PPO (HMSA) RSN Chiropractic	Self	\$170.86	\$112.50	\$283.36
	Two-Party	\$414.42	\$273.28	\$687.70
	Family	\$528.84	\$348.20	\$877.04
EUTF Prescription Drug (NMHC)	Self	\$38.56	\$25.30	\$63.86
	Two-Party	\$93.54	\$61.52	\$155.06
	Family	\$119.52	\$78.44	\$197.96
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	\$209.42	\$174.90	\$384.32
	Two-Party	\$507.96	\$424.88	\$932.84
	Family	\$648.36	\$541.54	\$1,189.90
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	\$209.42	\$98.24	\$307.66
	Two-Party	\$507.96	\$238.12	\$746.08
	Family	\$648.36	\$303.88	\$952.24
Kaiser Basic Prescription Drug RSN Chiropractic	Self	\$209.42	\$63.08	\$272.50
	Two-Party	\$507.96	\$152.68	\$660.64
	Family	\$648.36	\$194.88	\$843.24
EUTF Supplemental (HMSA) NMHC Prescription Drug RSN Chiropractic	Self	\$122.90	\$80.10	\$203.00
	Two-Party	\$297.98	\$194.82	\$492.80
	Family	\$380.50	\$248.06	\$628.56
Royal State Supplemental Prescription Drug RSN Chiropractic	Self	\$35.06	\$21.56	\$56.62
	Two-Party	\$86.14	\$53.60	\$139.74
	Family	\$97.82	\$59.58	\$157.40
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$209.42	\$50.90	\$260.32
	Two-Party	\$507.96	\$124.60	\$632.56
	Family	\$648.36	\$159.06	\$807.42
DENTAL PLAN				
HDS Dental	Self	\$18.58	\$12.20	\$30.78
	Two-Party	\$37.20	\$24.38	\$61.58
	Family	\$76.96	\$24.38	\$101.34
VISION PLAN				
VSP Vision	Self	\$3.64	\$2.40	\$6.04
	Two-Party	\$6.76	\$4.42	\$11.18
	Family	\$8.84	\$5.78	\$14.62
LIFE INSURANCE				
Standard Life Insurance	Employee	\$4.16	\$0.00	\$4.16

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
ACTIVE EMPLOYEES
BU12
EMPLOYER/EMPLOYEE CONTRIBUTIONS
JULY 1, 2009 through August 31, 2009

Benefit Plan	Type of Enrollment	Employer Contribution	Employee Contribution	Total Contribution Required
MEDICAL PLANS				
EUTF PPO (HMA) RSN Chiropractic	Self	\$152.52	\$94.08	\$246.60
	Two-Party	\$380.92	\$235.46	\$616.38
	Family	\$494.12	\$305.02	\$799.14
EUTF PPO (HMSA) RSN Chiropractic	Self	\$152.52	\$100.26	\$252.78
	Two-Party	\$380.92	\$250.96	\$631.88
	Family	\$494.12	\$325.04	\$819.16
EUTF Prescription Drug (NMHC)	Self	\$26.18	\$17.06	\$43.24
	Two-Party	\$65.36	\$42.74	\$108.10
	Family	\$84.92	\$55.36	\$140.28
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	\$178.70	\$156.82	\$335.52
	Two-Party	\$446.28	\$392.66	\$838.94
	Family	\$579.04	\$508.76	\$1,087.80
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	\$178.70	\$75.24	\$253.94
	Two-Party	\$446.28	\$186.68	\$632.96
	Family	\$579.04	\$241.56	\$820.60
Kaiser Basic Prescription Drug RSN Chiropractic	Self	\$178.70	\$46.32	\$225.02
	Two-Party	\$446.28	\$114.40	\$560.68
	Family	\$579.04	\$147.88	\$726.92
EUTF Supplemental (HMSA) NMHC Prescription Drug RSN Chiropractic	Self	\$106.46	\$69.14	\$175.60
	Two-Party	\$267.00	\$174.16	\$441.16
	Family	\$350.38	\$227.96	\$578.34
Royal State Supplemental Prescription Drug RSN Chiropractic	Self	\$35.06	\$21.56	\$56.62
	Two-Party	\$86.14	\$53.60	\$139.74
	Family	\$97.82	\$59.58	\$157.40
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$178.70	\$100.88	\$279.58
	Two-Party	\$446.28	\$254.30	\$700.58
	Family	\$579.04	\$331.18	\$910.22
DENTAL PLAN				
HDS Dental	Self	\$18.58	\$12.20	\$30.78
	Two-Party	\$37.20	\$24.38	\$61.58
	Family	\$76.96	\$24.38	\$101.34
VISION PLAN				
VSP Vision	Self	\$3.64	\$2.40	\$6.04
	Two-Party	\$6.76	\$4.42	\$11.18
	Family	\$8.84	\$5.78	\$14.62
LIFE INSURANCE				
Standard Life Insurance	Employee	\$4.16	\$0.00	\$4.16

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
COUNTY ACTIVE EMPLOYEES
BU 1, 2, 3, 4, 9, 10, 13
Non-BU11 and Non-BU12 Excluded, Exempt and EM Employees
EMPLOYER/EMPLOYEE CONTRIBUTIONS
JULY 1, 2009 through AUGUST 31, 2009

Benefit Plan	Type of Enrollment	Employer Contribution	Employee Contribution	Total Contribution Required
MEDICAL PLANS				
EUTF PPO (HMA) RSN Chiropractic	Self	\$170.86	\$105.60	\$276.46
	Two-Party	\$414.42	\$256.54	\$670.96
	Family	\$528.84	\$326.82	\$855.66
EUTF PPO (HMSA) RSN Chiropractic	Self	\$170.86	\$112.50	\$283.36
	Two-Party	\$414.42	\$273.28	\$687.70
	Family	\$528.84	\$348.20	\$877.04
EUTF Prescription Drug (NMHC)	Self	\$38.56	\$25.30	\$63.86
	Two-Party	\$93.54	\$61.52	\$155.06
	Family	\$119.52	\$78.44	\$197.96
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	\$209.42	\$174.90	\$384.32
	Two-Party	\$507.96	\$424.88	\$932.84
	Family	\$648.36	\$541.54	\$1,189.90
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	\$209.42	\$98.24	\$307.66
	Two-Party	\$507.96	\$238.12	\$746.08
	Family	\$648.36	\$303.88	\$952.24
Kaiser Basic Prescription Drug RSN Chiropractic	Self	\$209.42	\$63.08	\$272.50
	Two-Party	\$507.96	\$152.68	\$660.64
	Family	\$648.36	\$194.88	\$843.24
EUTF Supplemental (HMSA) NMHC Prescription Drug RSN Chiropractic	Self	\$122.90	\$80.10	\$203.00
	Two-Party	\$297.98	\$194.82	\$492.80
	Family	\$380.50	\$248.06	\$628.56
Royal State Supplemental Prescription Drug RSN Chiropractic	Self	\$35.06	\$21.56	\$56.62
	Two-Party	\$86.14	\$53.60	\$139.74
	Family	\$97.82	\$59.58	\$157.40
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$209.42	\$50.90	\$260.32
	Two-Party	\$507.96	\$124.60	\$632.56
	Family	\$648.36	\$159.06	\$807.42
DENTAL PLAN				
HDS Dental	Self	\$18.58	\$12.20	\$30.78
	Two-Party	\$37.20	\$24.38	\$61.58
	Family	\$76.96	\$24.38	\$101.34
VISION PLAN				
VSP Vision	Self	\$3.64	\$2.40	\$6.04
	Two-Party	\$6.76	\$4.42	\$11.18
	Family	\$8.84	\$5.78	\$14.62
LIFE INSURANCE				
Standard Life Insurance	Employee	\$4.16	\$0.00	\$4.16